

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 69  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. James J. Hunter**

Mailing Address 200 Campus Drive

City	State	Zip Code
Collegeville	PA	19426-4903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IMS HEALTH

Occupation

VP Supplier Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	25	/	2015

**Transaction ID : 38115861**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Mr. Douglas M. Long**

Mailing Address 173 Clearlake Drive

City	State	Zip Code
Ponte Vedra Beach	FL	32082-2178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IMS HEALTH

Occupation

Vice President, Industry Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	25	/	2015

**Transaction ID : 38115863**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard J. Swanson**

Mailing Address 1110 W Lake Cook Rd Ste 372

City	State	Zip Code
Buffalo Grove	IL	60089-1991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swanson Group, The

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	25	/	2015

**Transaction ID : 38115867**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1230.00

**TOTAL** This Period (last page this line number only)..... ►